AF/3629 0 2 2003 09/757,322 **Application Number** DADEMAR TRANSMITTAL 01/09/01 **Filing Date FORM First Named Inventor** Shah (to be used for all correspondence after initial 3629 filing) **Group Art Unit** Ouellette, Jonathan P **Examiner Name** Total Number of Pages in this Submission TAL:8003.001 Attorney Docket Number **ENCLOSURES (check all that apply)** ☐ Drawing(s) ☐ After Allowance Communication to Group ☐ Licensing Related Papers ☐ Amendment Petition Appeal Communication to Board of Appeals and Interferences ☐ After Final Petition to Convert to a Provisional Application ☐ Affidavits/Declaration(s) ☑ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Power of Attorney, Revocation, Extension of Time Request ☐ Proprietary Information Change of Correspondence Address Express Abandonment Request ☐ Terminal Disclaimer ☐ Status Letter ☐Request for Refund Other Enclosures (identify below) ☐ Information Disclosure Statement Certified Copy of Priority ☐ CD, Number of Cd(s) Document(s) Remarks: Other enclosures: 1. Return Receipt Postcard Response to Missing Parts/ Incomplete Application 2. Notice of Appeal JUL 0 8 2003 ☐ Response to Missing Parts 3. Appeal Brief Under 37 CFR 1.52 or 1.53 GROUP 36b0 SIGNATURE OF APPLICANT, ATTORNEY OR AGENT Fjrm or Individual Name Chernoff, Vilhauer, McClung & Stenzel L.L.P. Signature

Date	June 30, 2003							
CERTIFICATE OFTRANSMISSION/ MAILING								
facsimile transmitte deposited with the Alexandria, VA 22. with suffice	the date shown below, this correspondence is being : and to the USPTO or United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, 313-1450 Sient postage as first class mail ass Mail Post Office to Addressee" - mailing label no.							
Type or print name	Timothy A. Long							
Signature	Twothy a June 30, 2003							

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El Applicant eleigne appell artitudents Con 0705D 4 07					<u> </u>	Onaman P	
Applicant claims small entity status. See 37CFR 1.27					3629		
TOTAL AMOUNT OF PAYMENT \$320		Attorney Docket No. TAL:8003.001					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
☐ Check ☐ Credit ☐ Money ☐ Other ☐ None		3. ADDITIONAL FEES					
_	Fee	Large Entity Small Entity Fee					
Deposit Account	Code		Code	(\$)	Fee Desc	cription	Fee Pai
Deposit Account Number 03-1550	1051	130	2051	65 Surcha	arge - late filing fee	e or oath	
Deposit Account Name Chernoff Vilhauer McClung & Stenzel	1052	50	2052	25 Surcha sheet	arge-late provision	al filing fee or cover	
The Commissioner is authorized to:(check all that apply)	1053	130	1053		nglish specification	n	
☐ Charge fees indicated below ☐ Credit any overpayments	1812		1812		•	- c-parte reexamination	
Charge any additional fee(s) during the pendency of this	1804	•	1804	•		f SIR prior to Examine	,r
application				action			<u> </u>
Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.	, 1805	1,840*	1805	1,840* Reque action	sting publication o	f SIR after Examiner	
above identified deposit account.	1251	110	2251	55 Extens	ion for reply within	first month	
FEE CALCULATION	1252	410	2252	205 Extens	ion for reply within	second month	
1. BASIC FILING FEE	1253		2253	465 Extens	ion for reply within	third month	
Large Entity Small Entity Fee Description Fee Paid	1254	•			ion for reply within		<u> </u>
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255		2255		ion for reply within	ifth month	100
1002 330 2002 165 Design filing fee	1401		2402	160 Notice	oi Appeai a brief in support o	f an anneal	160 160
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1004 750 2004 375 Reissue filing fee	1451				J	lic use proceeding	
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	1501	1,300	ı	650 Utility i	ssue fee (or reissu	ie)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	470	2502	235 Design	issue fee		
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Total Claims - 20 **= 0 x 9 = 0	1460		1460	130 Petition	ns to the Commiss	ioner	() [
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Multiple Dependent Large Entity Small Entity Fee Description	1806		1806			n Disclosure Stmt.	<u>Q</u> _
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1202 18 2202 9 Claims in excess of 20	1810	750	2810	•	F.R. 1.129(a))	tion to be sussiand	
1201 84 2201 42 Independent claims in excess of 3				(37 CF	R 1.129(b))	tion to be examined	
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 **Reissue independent claims over	1801		2801	375 Request for Continued Examination (RCE)			
1204 84 2204 42 **Reissue independent claims over original patent	1802	1802 900 1802 900 Request for expedited examination of a design application					
1205 18 2205 9 *Reissue claims in excess of 20 and over original patent	Other	Other fee (specify)					
SUBTOTAL (2) \$0		* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$320					
**or number of previously paid, if greater. For reissues, see above.							4020
SUBMITTED BY					Co	omplete (if applicable)	
Name (print type) Timothy A. Long	Regis	tration	No.	28,876	Telephone	(503) 227-	5631
Signature					Date	June 30, 2	

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